

**FY19 BUSINESS CASE****Project Title: ADA Assessment and Improvements: Divisions 2,4,6,9,and 10**

Date: 4/3/2018

Department: CCSO

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Requester: Department of Corrections

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Reserved for Office of Capital Planning & Policy
Comments:

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Instructions

This document has been designed to assist you through the process of requesting funding for your project. All line items must be filled-out in their entirety **prior to** submission to the Office of Capital Planning & Policy. Incomplete forms will be returned to the originator without review by this department. If particular items do not apply to your particular request, then place N/A in the appropriate space.

1 Project Description**IS THERE A CORRESPONDING CEP (Capital Equipment Plan) REQUEST FOR THIS PROJECT? Y/N; If yes please note the title. Unknown**

Please provide a brief (1-2 sentences) description of the work to be performed under the requested project.

Renovate living units to make at least 3% of total number of cells, showers and toilets compliant with ADA 2010 structural standards for correctional facilities.

What is the project address?

2700 S. California Ave. Chicago, IL 60608

What is the property ID number? Please pick one: (access to the list of properties are located in the cells below)

Corporate Facilities:

Health & Hospitals:

Public Safety: 011,-----Div 2, etc

Is this a multi-story facility? Yes

Y/N If Yes - what floor are you on and what is the suite number? N/A

Nearest Intersection? California and 27th street

What type of development is proposed (new construction, addition, renovation re-purposing of existing space, etc.)

Renovation

If new construction or addition, What is the size (acres or square footage) of the project site? N/A

If you are requesting a renovation or re-purposing, What is the size of the buildout in square footage? Unknown at this time

What agencies/constituencies are involved? CCSO

Is there a related equipment request that is a component to this project? No

Y/N If Yes - Please identify and attach the Capital Equipment Request to the Dept. of Budget Management

None Known at this time. ADA assessment to determine.

What dollar amount have you budgeted for operational expenditures related to this request (trash cans, file cabinets etc.)

TBD

If your request exceeds available funds, what are the components that could be removed or delayed? Unknown at this time

TBD

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Background

What history led to this project?

Division 10 is a maximum security division with no ADA compliant housing. Detainees with mobility disabilities that require auxiliary aids, but do not require medical housing, are housed in divisions 2, 4, 6, 9 and 10. The only ADA housing (housing that complies with 2010 design standards) that currently exists for detainees with mobility impairments is the RTU and Cermak. The ADA requires us to house detainees in the most integrated setting. Having no ADA compliant housing other than divisions 8 and 08, severely restricts our ability to house detainees in the most integrated setting while making sure they have access to accessible cells, toilets and showers. This creates difficulties with bed control, and also leads to litigation.

What are the motivating issues/concerns behind this request?

The ADA requires us to house detainees in the most integrated setting. Having no ADA compliant housing other than divisions 8 and Cermak, severely restricts our ability to house detainees in the most integrated setting while making sure they have access to accessible cells, toilets and showers. This leads to litigation.

What is the current business process as it relates to this project? (Explain the specific physical or logistical issue that wish to be alleviated by this project)

Example: We intake people at the main facility and then send them to neighborhood service providers. We rent facilities to accommodate training ten times a year. People are lining up around the block to access services in inclement weather, etc.

bed control, housing and litigation.

Are there currently code violation (including ADA) or safety concerns driving this project request?

Y/N If Yes - please explain and attach documentation

ADA as explained above.

Has this project been previously requested?

Unknown

Does this project have a sponsor (budget analyst, department head, other impacted stakeholder)?

Andrew Achterhof

Are County constituents requesting this project?

Y/N If Yes - please explain who/ what

No

Are there known stakeholder objections to this project?

Y/N If Yes - identify who/ what and any history of interactions to date

No

Is this request the result of deferred maintenance?

Y/N If Yes - please explain and advise/ attach if a request has been made to the Department of Facilities Maintenance

No

3 Project Benefits

How will this project address and alleviate the previously listed motivating issues/concerns?
Allow detainees with mobility disabilities to be housed without the increased risk of legal liability.

How does this project change the future state or needs?
Example: Hardware, software, changes to organizational structure, additional employees, etc.
TBD with ADA assessment by the County

Does this project support corporate or department strategic goals?
Y/N If yes - please attach master plan or strategic goals documentation
Reduce litigation costs
Does this request comply with space utilization guidelines? (if you do not have guidelines please request that document)
Must comply with ADA requirements
Is this stand-alone project or is it related to another request?
Related to other ADA requests

If you are requesting more than one allocation, what is the priority project?
DOC Bridge, CCB, and RTU corrections
What will be the useful life of the capital improvement requested?
Life of building
If your business model changes significantly in the next five years, will this project still be relevant?
Y/N If Yes - please identify the point of contact.
Yes - Andrew Achterhof
Is there completion/ market considerations we should know about?
Y/N If Yes - please explain. Example: Construction cost historically low similar facility nearby, legislation on the horizon that make this feasible, etc.
ADA litigation is becoming more and more prevalent and settlements/judgements are increasing in dollar amount

4 Project Success Criteria

What are the measurable ways you will know that this project is meeting the goals set forth by the Department?
Example: Fewer complaints, violations, increased utilization of services, more referrals, etc.
Fewer lawsuits, faster bed control.

How will you calculate cost/ time savings derived by this project?
N/A

Who is accountable for on-going performance of this asset? Will it require additional personnel? Please be specific
DFM. Additional CCSO Staff may be required to perform security for the construction phase. Awaiting Capital Planning's security reimbursement proposal plan.

5 Infrastructure Implications

Do you have the personnel capacity to manage the project?

Y/N If Yes - please identify the point of contact.

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Has this person been contacted and agrees with this request?

Yes

Will this project impact existing technological systems? No

Y/N If Yes - give specific requirements and who approved these costs. (Note: No technology funds will be approved through the Capital Planning and Policy office).

These requests need to go through the Bureau of Technology.

No

Will existing infrastructure also be impacted? Please list and be specific

Ex. HVAC, elevators/escalators, flooring, roofing, structural, electrical, parking?

Yes, potentially all infrastructure.

6 Alternative & Recommendations

Is there another facility that could provide these services with less capital improvement outlay?

Y/N If Yes - what facility and have you spoken to the Real Estate Division?

No

Could this project be outsourced or delivered in partnership with the private sector?

Example: A cafeteria that might be owned/ operated by private vendor, a parking garage that a private company could develop, an office building that is built-to-suite by private entity, etc.

No

Have you submitted and/or received the approval of the Space Allocation Committee?

Y/N If Yes - please attach documentation

If No - please explain why this is not applicable

No. Must comply with ADA Requirements pursuant to Court's ADA Assessment

What is the worst case scenario?

Ex. Severe injury occurs, roof leak causes structural failure, security compromised, etc.

We will continue settling lawsuits for large amounts of money. Increasing the burden on the taxpayers and making us vulnerable to future litigation.

7 Budget Impact

Do you have grant funding for this project?

Y/N If Yes - Identify value of funds and if there are any restrictions associated with that allocation (such as spend-by date)?

No

Have you discussed additional operational funding required by the implementation of this project with the Department of Budget Management? Please provide the dollar amount for this allocation.

No

Do you have operational funds available to support this project?

Y/N If Yes - Identify the value of funds and if there are any restrictions associated with that allocation. Attach a copy of the approved budget and highlight the specific line item. If No - Are you able to make the Budget request to the Department in the same fiscal year that you would like this project to be Completed?

No. Awaiting Capital Planning's security reimbursement proposal plan.

Will current assets be liquidated and realize revenue to offset the cost of this request?

Y/N If Yes - Identify the value of the asset and likely disposition strategy

No

Please list the operational cost/ impacts associated with this project and estimated the associated annual costs.

During construction: additional CCSO staff will be needed for security. Operational costs to be determined during pre-construction. Awaiting proposal on how to fund additional staffing.

Will this project generate revenue? If yes, please list actuals, or projections.

No

Provide the project's cost estimate and the amount of available funding. Include requested and committed sources of funding.

DESCRIPTION	FY 2019	FY 2020	FY 2021	FY 2022
	TBD			
TOTAL	\$ -	\$ -	\$ -	\$ -

What is the cost benefit of doing this project? Please identify and estimate annual cost savings
Ex. Energy savings? Fewer Personnel? Lower Maintenance Cost? Improved Service Delivery?
Lower litigation costs

What cost savings can you predict? Of those identified, please list and note the associated dollar amounts.
CCSO is the best source for this information since they represent the County in all litigation.

What are the possible ramifications if we don't do this project - or don't do it for five years?
Increased litigation

8 Estimated Timeline and Milestones Schedule

When do you anticipate the project to start if funded? Please note that funding from this office will not be available until after the month of December

ASAP

How long will the project take to complete? What is your anticipated timeline for completion?
Unknown

What dependencies exist?

Example: Relocation of department, utility interruption, loss of parking space, intolerable noise disruption, safe passage compromised, etc.

Relocation of detainees

Are there impending deadlines related to this request?
Yes - future litigation to determine

9 Additional Supporting Documents

Please list and attach any additional information to support your case (Example: photographs, estimates, proposals, supporting articles, compelling story for this project)

* Zampini v. Dart, Cook County, Case No. 17cv Complaint attached

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10 Decisions & Signatures	
The requester has provided all information pertinent to the business case and reviewed by the Department of Capital Planning Policy Project Review Committee and the Department of Budget Management	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Rejected
Comments: Any pertinent comments should be documented here.	
Print Name: _____	
Signature: _____	
Date: _____	
Print Name: _____	
Signature: _____	
Date: _____	
Print Name: _____	
Signature: _____	
Date: _____	